



Multidimensional Family Therapy

Proven Results*

- At intake, 57% of MDFT youth in one study reported using marijuana once or more a week; by the end of treatment, only 1% reported weekly or more frequent use.
- MDFT demonstrated 30% to 85% within-treatment reductions in behavior problems, including delinquent acts.
- 45% of substance-using adolescents showed a clinically significant reduction in drug use 12 months after completing treatment.



Multidimensional Family Therapy (MDFT) is a comprehensive and flexible, family-based program designed to treat substance-abusing and delinquent youth. MDFT is a multicomponent and multilevel intervention system that assesses and intervenes with the—

- Adolescent and parent(s) individually
- Family as an interacting system
- Individuals in the family, relative to their interactions with influential social systems (e.g., school, juvenile justice) that impact the adolescent's development

MDFT interventions are solution-focused and strive to obtain immediate and practical outcomes in the most important individual and transactional domains of the adolescent's everyday life. MDFT can operate as a stand-alone outpatient intervention in any community-based clinical or prevention facility. It also has been successfully incorporated into existing community-based drug treatment programs, including a hospital-based day treatment program. MDFT has demonstrated effectiveness as an outpatient treatment alternative to residential treatment for drug using adolescents. Treatment length is 4 to 6 months.

INTENDED POPULATION

NREPP*-reviewed MDFT studies were conducted in urban, suburban, and rural settings in numerous cities, including Philadelphia, PA; Miami, FL; East St. Louis and Bloomington, IL; and several communities in the Bay Area of San Francisco, CA, with African-American, Hispanic/Latino, and White youth between the ages of 11 and 18. Participating youth met diagnostic criteria for substance abuse disorder as well as other problems, such as delinquency or depression. Youth and families represented various socioeconomic backgrounds.

HOW IT WORKS

MDFT is a three-stage intervention system that has been designed, adapted, and tested in a variety of different versions. It has been applied according the clinical characteristics of the adolescent client group and treatment setting. In all of its versions, MDFT operates from therapeutic principles designed to guide a therapist's overall mindset toward change and, ultimately, making changes at different system levels, in different domains, and with different people inside and outside the family, on behalf of the treated youth.

Stage 1 includes a comprehensive assessment of problem areas and pockets of untapped or underutilized strength. Strong therapeutic or working



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OUTCOMES

Among diverse samples of adolescents and in comparison to manual-guided group and multifamily treatments, MDFT has proven effective in—

- Reducing substance use
- Reducing antisocial/delinquent/externalizing behaviors
- Improving individual functioning, including gains in adolescent self-worth
- Improving school bonding and school performance, including academics, and decreasing disruptive behaviors
- Improving family functioning, including reduced family conflict and increased family cohesion
- Reducing affiliation with anti-social/deviant/delinquent peers

Followup studies up to 1 year after participants completed treatment demonstrated durability of the obtained change.

CONTACT INFORMATION

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relationships are established with all family members and influential persons such as school or juvenile justice personnel. **Stage 2** is the working phase of treatment where significant change attempts are made within and across the interlocking subsystems (e.g., individual, family, peers, school, etc.) that are assessed at the outset of treatment. **Stage 3** seals the changes that have been made and prepares the teen and family for their next stage of development, using the knowledge, experience, and skills gained in the treatment. Each stage includes core work in each of the four MDFT assessment and intervention domains—the individual adolescent, parent(s) individually, the family interaction system, and the extrafamilial social system.

IMPLEMENTATION ESSENTIALS

A minimum of one MDFT team—two full-time therapists, one full-time therapist assistant/case manager, and a half-time supervisor—is needed per site. Depending on geographical area served and nature of cases seen, teams should handle small caseloads of five to eight youth/families (more severe cases require smaller caseloads). Staff must be willing to administer home-based intervention, conduct sessions in juvenile justice and school settings, and participate in MDFT training and supervision. An initial 7-month training and ongoing posttraining supervision are required. Each team member must have a cell phone, and be reimbursed for travel expenses. Each clinic must have urine test kits and videotaping equipment. Therapists should have master's degrees.

PROGRAM DEVELOPER

MDFT was developed over two decades under the leadership of Howard A. Liddle, Ed.D., ABPP, a psychologist and diplomate in the American Board of Professional Psychology. Dr. Liddle is a professor in the departments of Epidemiology and Public Health, Psychology, and Counseling Psychology at the University of Miami School of Medicine. An internationally recognized expert on family-based treatment for adolescent substance abuse and delinquency, Dr. Liddle also is director of the Center for Treatment Research on Adolescent Drug Abuse at the university. He is author of more than 150 publications and recipient of numerous research grants from the National Institutes on Health, U.S. Department of Health and Human Services.

* National Registry of Effective Programs and Practices

*Program detail and citations can be obtained at
<http://modelprograms.samhsa.gov>*

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